

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

R SENATE PAC

ADDRESS (number and street)

6334 PUMPERNICKEL LANE

Check if different  
than previously  
reported. (ACC)

MONROE

NC

28110

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00570861

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2017

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

PURPURA, SALVATORE, , ,

Type or Print Name of Treasurer

Signature of Treasurer

PURPURA, SALVATORE, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 14 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

R SENATE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">102986.38</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">102986.38</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">58500.00</span>	<span style="border: 1px solid black; padding: 2px;">58500.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">161486.38</span>	<span style="border: 1px solid black; padding: 2px;">161486.38</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">66182.67</span>	<span style="border: 1px solid black; padding: 2px;">66182.67</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">95303.71</span>	<span style="border: 1px solid black; padding: 2px;">95303.71</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

R SENATE PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2017

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2017
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

15000.00

15000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

15000.00

15000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

38500.00

38500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

53500.00

53500.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

5000.00

5000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

58500.00

58500.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

58500.00

58500.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	41182.67	41182.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	41182.67	41182.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	25000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66182.67	66182.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66182.67	66182.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	53500.00	53500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53500.00	53500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	41182.67	41182.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	41182.67	41182.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BACON, LOUIS, , ,**

Mailing Address 11 TIMES SQUARE  
37TH FL

City  
NEW YORK

State  
NY

Zip Code  
10036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MOORE CAPITAL MANAGEMENT

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 05 / 2017

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GUNDERSON, BRIAN, , ,**

Mailing Address 8114 STACEY RD

City

ALEXANDRIA

State

VA

Zip Code

22308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ELLIOTT MANAGEMENT CORP

Occupation (for Individual)  
PUBLIC POLICY ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2017

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HURLEY, JOHN, , ,**

Mailing Address 998 CHESTNUT ST

City

SAN FRANCISCO

State

CA

Zip Code

94109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAVALRY ASSET MGT

Occupation (for Individual)  
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 04 / 2017

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 23  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HURLEY, KAMILLA, , ,**

Mailing Address 998 CHESTNUT ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2017

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

15000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 23

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

R SENATE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AALU PAC)**

Mailing Address 11921 FREEDOM DRIVE  
SUITE 1100

City  
RESTON

State  
VA

Zip Code  
20190

FEC ID number of contributing  
federal political committee.

C C00447565

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2017

Transaction ID : SA11C.4269

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BANK OF AMERICA CORPORATION FEDERAL PAC**

Mailing Address 1455 PENNSYLVANIA AVE, SUITE 950  
DC8-455-09-01

City  
WASHINGTON

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C C00364778

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2017

Transaction ID : SA11C.4291

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. COMPASS BANCSHARES, INC. PAC**

Mailing Address % SANDRA H BURSON  
P O BOX 10566

City  
BIRMINGHAM

State  
AL

Zip Code  
35296

FEC ID number of contributing  
federal political committee.

C C00142596

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 11 / 2017

Transaction ID : SA11C.4262

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 23

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

**A. DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DTCC PAC; THE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1455 PENNSYLVANIA AVE., NW  
SUITE 725

City  
WASHINGTON

State  
DC

Zip Code  
20005

FEC ID number of contributing  
federal political committee.

**C** C00497917

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**05** / **01** / **2017**

**Transaction ID : SA11C.4278**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

**B. FMR LLC POLITICAL ACTION COMMITTEE - FEDERAL (FIDELITY PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 SEAPORT BOULEVARD, V9B

City  
BOSTON

State  
MA

Zip Code  
02210

FEC ID number of contributing  
federal political committee.

**C** C00380550

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **20** / **2017**

**Transaction ID : SA11C.4267**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

**C. INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F STREET, NW SUITE 610

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00022343

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05** / **31** / **2017**

**Transaction ID : SA11C.4296**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 23

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

R SENATE PAC

## **A. J.P. MORGAN CHASE & CO. FEDERAL POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
7TH FLOOR

City  
WASHINGTON

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

**C** C00104299

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**04** / **04** / **2017**

Transaction ID : SA11C.4276

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

## **B. MFA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 21664

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

**C** C00467639

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**05** / **31** / **2017**

Transaction ID : SA11C.4297

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

## **C. MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (MORPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1919 M STREET, NW  
5TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00004812

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05** / **08** / **2017**

Transaction ID : SA11C.4288

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 23

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

## **A. UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 ATLANTIC STREET  
C/O PER DYRVIK

City  
STAMFORD

State  
CT

Zip Code  
06901

FEC ID number of contributing  
federal political committee.

**C** C00012245

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**04** / **04** / **2017**

**Transaction ID : SA11C.4282**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

## **B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

## **C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

38500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 23

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. RAND PAUL FOR US SENATE 2016**

Mailing Address PO BOX 72928

City  
NEWPORT

State  
KY

Zip Code  
41072

FEC ID number of contributing  
federal political committee.

**C** C00496075

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2017

Transaction ID : SA16.4227

Amount of Each Receipt this Period

5000.00

☐ Memo Item

REFUND OF CANDIDATE CONTRIBUTION GENERAL  
2016 CYCLE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name (Last, First, Middle Initial)

**A. ARISTEIA GROUP, INC**Mailing Address 1020 N FAIRFAX ST  
STE 201City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FINANCE CONSULTING/TRAVEL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		0	9		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4209**

Amount of Each Disbursement this Period

12695.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTEIA GROUP, INC**Mailing Address 1020 N FAIRFAX ST  
STE 201City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CATERING/FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	4		2	8		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4283**

Amount of Each Disbursement this Period

3338.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CITIBANK VISA**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4225**

Amount of Each Disbursement this Period

4021.58

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20055.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	7		

FEC Identification Number

**C**

Transaction ID : SB21B.4225.1

Amount of Each Disbursement this Period

1234.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOTEL VALENCIA**

Mailing Address 150 E HOUSTON ST

City  
SAN ANTONIOState  
TXZip Code  
78205Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	7		

FEC Identification Number

**C**

Transaction ID : SB21B.4225.2

Amount of Each Disbursement this Period

292.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CITIBANK VISA**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	7		

FEC Identification Number

**C**

Transaction ID : SB21B.4225.

Amount of Each Disbursement this Period

276.56

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address P.O. BOX 66100

City  
CHICAGOState  
ILZip Code  
60666Purpose of Disbursement  
TRAVEL

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4225.1**

Amount of Each Disbursement this Period

618.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. WALDORF BILTMORE**

Mailing Address 2400 E MISSOURI AVE

City  
PHOENIXState  
AZZip Code  
85016Purpose of Disbursement  
TRAVEL

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4225.1**

Amount of Each Disbursement this Period

413.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 410 TERRY AVE

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4225.1**

Amount of Each Disbursement this Period

732.50

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name (Last, First, Middle Initial)

**A. CITIBANK VISA**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	8		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4226**

Amount of Each Disbursement this Period

6217.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CITIBANK VISA**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	8		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4226.c**

Amount of Each Disbursement this Period

575.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. OSTERIA MORINI**

Mailing Address 301 WATER ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	8		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4226.**

Amount of Each Disbursement this Period

1331.20

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6217.65





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name (Last, First, Middle Initial)

**A. OSTERIA MORINI**

Mailing Address 301 WATER ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	8			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4226.6**

Amount of Each Disbursement this Period

487.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 410 TERRY AVE

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
BAGS

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	8			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4226.6**

Amount of Each Disbursement this Period

19.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. OCCASSIONS CATERING**

Mailing Address 655 TAYLOR ST NE

City  
WASHINGTONState  
DCZip Code  
20017Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	8			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4226.6**

Amount of Each Disbursement this Period

385.81

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name (Last, First, Middle Initial)

**A. CITIBANK VISA**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4222**

Amount of Each Disbursement this Period

1492.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CITIBANK VISA**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4222.C**

Amount of Each Disbursement this Period

472.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4222.**

Amount of Each Disbursement this Period

222.10

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1492.18

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address P.O. BOX 66100

City  
CHICAGOState  
ILZip Code  
60666Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4222.4**

Amount of Each Disbursement this Period

740.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLTZMAN VOGEL JOSEFIK TORCHINSKY**Mailing Address 45 N HILL DR  
STE 100City  
WARRENTONState  
VAZip Code  
20168Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4210**

Amount of Each Disbursement this Period

6312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NORTH ROCK REPORTS**Mailing Address 45 N HILL DR  
STE 100City  
WARRENTONState  
VAZip Code  
20186Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.4212**

Amount of Each Disbursement this Period

4523.59

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10836.09

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 23

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name (Last, First, Middle Initial)

**A. PURPURA, SALVATORE, , ,**

Mailing Address 6334 PUMPERNICKEL LN

City  
MONROE

State  
NC

Zip Code  
28110

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2017

FEC Identification Number

**C**

**Transaction ID : SB21B.4216**

Amount of Each Disbursement this Period

343.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PURPURA, SALVATORE, , ,**

Mailing Address 6334 PUMPERNICKEL LN

City  
MONROE

State  
NC

Zip Code  
28110

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2017

FEC Identification Number

**C**

**Transaction ID : SB21B.4221**

Amount of Each Disbursement this Period

437.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PURPURA, SALVATORE, , ,**

Mailing Address 6334 PUMPERNICKEL LN

City  
MONROE

State  
NC

Zip Code  
28110

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

FEC Identification Number

**C**

**Transaction ID : SB21B.4266**

Amount of Each Disbursement this Period

750.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1531.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name (Last, First, Middle Initial)

**A. PURPURA, SALVATORE, , ,**

Mailing Address 6334 PUMPERNICKEL LN

City  
MONROEState  
NCZip Code  
28110Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2017

FEC Identification Number

**C****Transaction ID : SB21B.4279**

Amount of Each Disbursement this Period

343.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PURPURA, SALVATORE, , ,**

Mailing Address 6334 PUMPERNICKEL LN

City  
MONROEState  
NCZip Code  
28110Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

FEC Identification Number

**C****Transaction ID : SB21B.4298**

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

718.75

40851.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**R SENATE PAC**

Full Name (Last, First, Middle Initial)

**A. JEFF FLAKE FOR US SENATE INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2017

Mailing Address PO BOX 12512

City  
TEMPLEState  
AZZip Code  
85284Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name

**FLAKE, JEFF, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ

District: 00

Category/  
Type

FEC Identification Number

**C** S2AZ00141**Transaction ID : SB23.4263**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NRSC-OVERHEAD AND ADMIN ACCT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Mailing Address 425 SECOND ST NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
PARTY CONTRIBUTION-(OVERHEAD AND ADMIN ACCT-G37  
COMPLIANT)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2017

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C** C00027466**Transaction ID : SB23.4324**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RAND PAUL FOR US SENATE 2022**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Mailing Address PO BOX 72928

City  
NEWPORTState  
KYZip Code  
41072Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name

**PAUL, RAND, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY

District: 00

Category/  
Type

FEC Identification Number

**C** S0KY00156**Transaction ID : SB23.4228**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25000.00

**TOTAL** This Period (last page this line number only).....▶

25000.00